

## U.S. Department of Justice

United States Marshals Service  
Southern District of Ohio

85 Marconi Blvd., Room 460  
Columbus, OH 43215-2835

Official Business  
Penalty for Private Use \$300



7020 1810 0000 2381 4447

Return to sender  
Not at this address

OFFICE OF COLLECTIVE BARGAINING  
1602 W. BROAD ST  
COLUMBUS, OH 43223

\$9.89  
US POSTAGE  
FIRST-CLASS  
062S001139695  
FROM 43215

RECEIVED  
US MARSHALS SERVICE  
COLUMBUS, OHIO  
2022 DEC -7 AM 11:28

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Collective Barg  
0328



9590 9402 6750 1074 4073 73

2. Article Number (Transfer from service label)

7020 1810 0000 2381 4447

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®

☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery

☐ Insured Mail  
☐ Registered Mail Restricted Delivery

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☒ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF <b>Timothy Gales</b>		COURT CASE NUMBER <b>2:21-cv-328</b>	
DEFENDANT <b>DAS- OFFICE OF COLLECTIVE BARGAINING COMPLAINT</b>		TYPE OF PROCESS <b>Summons</b>	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>Office Attorney General David Yost</b>			
SERVE AT <b>38 E Broad Street Col OH 45215</b>		ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <b>Timothy Gales 210 Glen Dower Columbus OH 43207</b>		Number of process to be served with this Form 285 <b>1</b>	
		Number of parties to be served in this case <b>1</b>	
		Check for service on U.S.A. <b>2022 DEC -8 AM 9:45</b>	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternative Addresses, All Telephone Numbers, and Estimated Times Available for Service): <b>614-466-8946 Attorney General - MR 8:30-5pm</b>			
Signature of Attorney or Originator requesting service on behalf of: <b>[Signature]</b>		TELEPHONE NUMBER <b>614-316-9346</b>	
<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT		DATE <b>12-1-22</b>	
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE			
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <b>1</b>	District of Origin <b>Col</b>	District to Serve <b>Col</b>
Signature of Authorized USMS Deputy or Clerk <b>[Signature]</b>		Date <b>11/10/22</b>	
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.			
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)			
Name and title of individual served (if not shown above)		Date <b>12/1/22</b>	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)		Signature of U.S. Marshal or Deputy <b>[Signature]</b>	
Service Fee <b>8.00</b>	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges <b>8.00</b>
Advance Deposits		Amount owed to U.S. Marshal* or (Amount of Refund*)	

## REMARKS

Rtn to sender